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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(37 CFR 1.63)

☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 35739.CIP

First Named Inventor Christopher B. Zacco

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Mouthpiece for Reducing Snoring

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, and foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2] 3

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

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DECLARATION – Utility or Design Patent Application

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Name **Henry Estevez**

Address **ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.**

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City **ORLANDO**

State **FLORIDA**

Zip **32802-3791**

Country **US**

Telephone **(407) 841-2330**

Fax **(407) 841-2343**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Christopher**

Family Name Or Surname **Zacco**

Date **8-28-03**

Inventor's Signature *[Signature]*

Residence: City **Ocala**

State **FL**

Country **USA**

Citizenship **U.S.**

Mailing Address **1217 SE 7th Street**

Mailing Address

City **Ocala**

State **FL**

Zip **34471**

Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) *[Signature]*

Family Name Or Surname *[Signature]*

Date

Inventor's Signature *[Signature]*

Residence: City

State

Country

Citizenship

Mailing Address **P.O. Box 22623**

Mailing Address

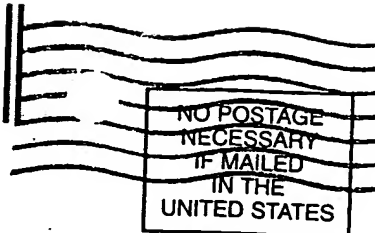
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State

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Country

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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09/08/03



SERIAL/PATENT NO. TO BE ASSIGNED FILED/ISSUED _____

APPLICANT CHUN DYER DOPPELT _____

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- \$ _____ check
- ☒ Authorization - Deposit Account No. 01-0484
- ☒ Utility application ☐ Provisional application
- 13 pages, 3 claims, 8 drawing sheets
- ☐ CPA transmittal ☒ Continuation transmittal
- ☐ RCE transmittal ☐ Divisional transmittal
- ☒ Certificate of Express Mail Label No.: EV322685257US
- ☒ Declaration and Power of Attorney
- ☐ Assignment w/Cover Sheet
- ☐ Change of Correspondence Address
- ☐ Response to Notice to File Missing Parts + copy
- ☐ Citation Under 37 CFR § 1.97 (IDS)
- ☐ Form PTO-1449 + copies of cited references
- ☐ Response to Restriction Requirement
- ☐ Response to Election Requirement
- ☐ Amendment Transmittal Form
- ☐ Amendment (Official Action of _____)
- ☐ Request for Extension of Time (_____ mos.)
- ☐ Notice of Appeal

9/8/2003 35739-CTP

DATE

FILE NO.

- EV322685257US
- ☐ Transmittal of Formal Drawings (_____ sheets)
- ☐ Letter to Official Draftsman
- ☐ Part B-Issue Fee Transmittal
- ☐ Publication Fee Transmittal
- ☐ PCT Request (_____ pp.) + Application (_____ pp.)
- ☐ National Phase Transmittal Letter
- ☐ Response to PCT Invitation to Correct Defects
- ☐ Ch. II Demand ☐ Power of Attorney
- ☐ Revocation of Prior Powers of Attorney and POA
- ☐ Petition for _____ + \$130 Fee
- ☐ Terminal Disclaimer
- ☐ Request for Correction to Filing Receipt
- ☐ Request for Correction to Assignment and/or cover
- ☐ Transmittal of Certified Copy of Priority Document
- ☐ Preliminary Amendment
- ☐ Submission of Proposed Drawing Modification
- ☐ Request Certificate of Correction + PTO 1050
- ☐ Substitute specification (w/marked up version)
- ☐ Other _____

ENRIQUE G. ESTEVEZ

ATTORNEY

**REGISTERED PRACTITIONER
INFORMATION
(Supplemental Sheet)**

(Page 3 of 3)

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.
35739 CIP

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of Christopher Zacco entitled Mouthpiece for Reducing Snoring, for a(n):

- () Original Patent Application.
 (X) Continuing Application (prior application not abandoned):
 () Continuation () Divisional (X) Continuation-in-part (CIP)
 of prior Application Nos. 10/289,588 filed on November 7, 2002, 60/439,327 filed on January 10, 2003, and 60/463417 filed on April 16, 2003.
 (X) A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

- (X) Specification; 15 Total Pages. (X) Drawing(s); 8 Total Sheets.
 (X) Oath or Declaration:
 () A Newly Executed Combined Declaration and Power of Attorney;
 () Signed. () Unsigned. () Partially Signed.
 () A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).
 () Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.
 () Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).
 () Power of Attorney. (X) Return Receipt Postcard.
 () Associate Power of Attorney. () A Check in the amount of \$_____ for the Filing Fee.
 () Preliminary Amendment. () Information Disclosure Statement and Form PTO-1449.
 () A Certified Copy of Priority Documents (if foreign priority is claimed).
 (X) Applicant claims small entity status.
 () Other: _____

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	18	0	\$9.00	\$0.00
Independent Claims	3	0	\$42.00	\$0.00
Multiple Dependent Claim Fee (if applicable)				\$0.00
Assignment Recording Fee (if applicable)				\$0.00
Basic Filing Fee				\$375.00
Total Filing Fee				\$375.00

Please charge \$375.00 to Deposit Account No. 01-0484 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, the Commissioner is hereby authorized to charge any fees required or credit any overpayment to this Deposit Account. A duplicate copy of this sheet is enclosed for fee processing against this Deposit Account.

Respectfully submitted,

By:

Enrique G. Estevez, Reg. No. 37,823

Date: September 8, 2003

Correspondence Address:

Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.
 P.O. Box 3791 255 South Orange Avenue, Suite 1401
 Orlando, FL 32802-3791
 Phone: 407-841-2330
 Fax: 407-841-2343

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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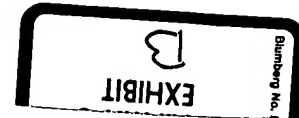
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